

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 7, 1979

ALL-COUNTY LETTER NO. 79-74 (STATISTICAL SERVICES)

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATISTICAL REPORTING OF AFDC SUPPLEMENTAL PAYMENTS

REFERENCE:

Effective November 1, 1979, the Department of Social Services will require a monthly report on the following AFDC supplemental payment activities:

1. Number of CA 40 applications for supplemental payments disposed of during the month.
2. Breakdown of the CA 40 applications according to the number granted and denied.
3. Total dollar amount of supplemental payments made during the month.

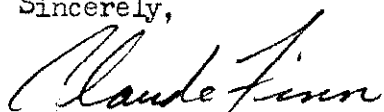
The report information will be used by the Department of Social Services for budgeting and program planning purposes.

The use of this report is effective with the November 1979 report month and is due by the twelfth of each month thereafter. Additionally, if your county has prior months data available (back to August, 1979), we request that this information also be reported. Report each prior month on a separate form.

Attached for your immediate use is a copy of the report form (CA 1001) and its instructions. A supply of the form will be mailed to the counties by mid-November. The report form and instructions will be incorporated into the Statistical Manual, Division 26, at a later date.

Should you have any questions regarding the report form or instructions, please contact Dorothy Garcia of Statistical Services Bureau at (916) 322-5462.

Sincerely,

A handwritten signature in cursive script, reading "Claude E. Finn".

CLAUDE E. FINN
Deputy Director
Administration Division

Attachments

cc: CWDA

State of California
Health and Welfare Agency

Department of Social Services

Send one copy (by the 12th of the month)

to: Department of Social Services
Statistical Services Bureau
744 P Street, M.S. 12-81
Sacramento, CA 95814

AFDC SUPPLEMENTAL PAYMENTS MONTHLY REPORT	County:	Reporting month:
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1. Total CA 40 Applications Disposed of During Month (a+b) ... _____
 - a. Granted _____
 - b. Denied _____
2. Total Supplemental Aid Paid During Month \$ _____

Person to contact regarding this report:	Telephone number	Date
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26-224 AFDC SUPPLEMENTAL PAYMENTS MONTHLY REPORT

26-224.01 CONTENT

Summarizes total CA 40 applications processed, disposition action and total supplemental aid paid during the report month with respect to CA 40 applications for supplemental payments under retrospective budgeting as defined in Manual Section 44-316.

26-224.02 PURPOSE

The purpose of this report is to provide state administrators with information needed for budgeting, staffing, program planning, program monitoring and for other administrative responsibilities.

26-224.03 DISTRIBUTION

Data from form CA1001 are utilized by the AFDC Program Management Branch, DSS; Program Support Branch, DSS; and Financial Management Services Branch, DSS.

26-224.04 DUE DATE

Reports are to be received in Sacramento on or before the 12th working day of the calendar month following the report month.
Send report to:

Department of Social Services
Statistical Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814

26-224.06 DEFINITIONS

AFDC Supplemental Payment is a special payment made to AFDC families that have experienced a termination or substantial decrease in income. These supplements are intended to help maintain the AFDC family during the time it takes for the grant to reflect the change in income under retrospective budgeting.

CA 40 application is the state required form that is sent monthly with the CA 7 (Income Report) to all AFDC recipients for their use in formally requesting an AFDC supplemental payment.

Reporting month is the calendar month in which the CA 40 applications were processed.

26-224.10 INSTRUCTIONS

1. Total CA 40 Applications Disposed of During Month

Enter number of CA 40 applications disposed of during the month.
Breakdown total according to number granted and denied.

a. Granted

Enter number of CA 40 applications granted supplemental payments. Count only those CA 40 applications in which a supplemental payment was granted and paid during the reporting month.

For those CA 40 applications granted but not paid in the reporting month, count as granted and paid in next reporting month.

b. Denied

Enter number of CA 40 applications denied supplemental payments.

2. Total Supplemental Aid Paid During Month

Enter total amount of supplemental aid paid during the month. Count only those amounts in which a supplemental payment was granted and paid during the reporting month.

For those CA 40 applications granted but not paid in the reporting month, count as granted and paid in next reporting month.

26-224.90 FORM (CA1001)

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. If there is nothing to report on an item enter "0"; do not leave any item blank.